

Name In Full

Certificate of Death

ROBT C BARBER

Town

County

MARYLAND

Died at

Hagerstown

Wash

Date

1904 Feb 19

Age

71

Y.

M.

D.

Native of

Ind

Occupation

Retired

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Husband

of

Maggie Barber

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Pneumonia

How long sick

one week

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

E. A. Drayton

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Rose May Beekley
 Town County

Died at Hagerstown Washington MARYLAND

Date 1902 2 2 Age 39-2-- Native of Md Occupation Housekeeper
~~Male~~ White ~~Married~~ Widow Divorced
 Female ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Heart Disease

How long sick

One year

Death

Immediate

Cardiac failure

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William Bennet.

Bennet.

Town

County

MARYLAND

Died at *Shaysburg**Wash -*

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

*2, 14,*Age *31, 4,**Ind**Laborer*

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living *none*

Husband of

Wife

Father's

Name

Lorrence Bennet

Mother's

William Bennet

Maiden Name

Elizabeth Henyett

Cause of

Primary

Pulmonary Tuberculosis

How long sick

Four months

Death

Immediate

Accident, Suicide, Homicide

Reported by

A. Stewart

Address

Shaysburg - Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Eugene Markes.
Undertaker.

Name in Full

Certificate of Death

Susan Baccini

Town

County

MARYLAND

Died at

Baltimore, Hamilton, Washington

Month

Day

Y.

M.

D.

Native of

Occupation

Date 18902

Feb 24

Age

87. 7. 11

Maryland

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living One

Husband

of

Wife

George Baccini

Father's

Name

Mother's

Name

Cause of

Primary

Paralysis

V6

How long sick

Short time

Death

Immediate

Paralysis

~~Accident, Suicide, Homicide~~

Reported by

Address

C. B. Boyle Jr. D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Mrs. Margie S. Brumby

Town

County

Died at *Hagerstown**Wash*

MARYLAND

Date 19 *02* Month *2* Day *5* - Age *63-7-21* Y. M. D. Native of *md* Occupation *house wch*

~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of *John Brumby*
 Wife *NO*
 Father's Name *David Schlorer* Mother's Maiden Name *Margeline Adams*

Cause of Death { Primary *Tuberculosis* How long sick
 Immediate *Hunt Failure* Accident, Suicide, Homicide

Reported by *C. J. Morgan*Address *Uniontown**Shenandoah*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Believed of William Butler & Lizzie Mauley
 Town County

Died at Haysston Mch MARYLAND
 Month Day Y. M. D. Native of Occupation

Date 19 02 2 3 Age
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored Single Widower ~~Number of children living~~

Husband of

Wife

Father's

Name William Butler Maiden Name

Mother's

Lizzie Mauley

How long sick

Cause of Primary

Death Immediate

Still Born

Accident, Suicide, Homicide

Reported by

Andrew A. Coffman Haysston

Address

Haysston Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



New Lane Byron

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Age

7

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



TO BE ANSWERED BY
NEAREST FRIEND

Newton		Byron		CERTIFICATE OF DEATH	
Died at		Town	County	MARYLAND	
Hagerstown		Washington			
Date	1907	Month	2	Day	5
of death	15	Age		Years	
Sex	Male	Color or Race	White	Birth-place	md
Occupation				Where Residing if not at place of death	

Married Single
or Widowed

Name of Wife or Husband

Father's Name

Lewis J. Byron

Father's Birthplace

Mass

Mother's Maiden Name

Virginia Brewer

Mother's Birthplace

Ga

Name of person giving information

Lewis J. Byron

How related to deceased

Father

CAUSES OF DEATH

Primary

Excitation

How long

41 Days

Immediate

Are the name, age, sex, color date and place correctly given above?

yes

Signature of Physician

Address

J. E. Pitsenogle
Health Officer
Hagerstown md

Accident or Suicide?

PHYSICIAN
OR CORONER

L. M. Suter & Son

Name in Full

Certificate of Death

Joshua Casting
 Town Sandy Hook County Washington MARYLAND
 Died at
 Date 1902 2 6 about 80 years old Native of Farm Hand
 Male ~~Female~~ Married ~~Widow~~ ~~Divorced~~ ~~Widower~~
 Number of children living 3

Husband of

Father's Name

Mother's Name

Cause of Death { Primary Old age
 Immediate probably paralysis
 How long sick 1 day
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65969



Name in Full

Certificate of Death

Williama C. Lopper

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2 - 21

Age

8-10

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Erysipelas

How long sick

2 weeks

Death

Immediate

Congestion of brain

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 72-18



Name in Full

Certificate of Death

Died at

Date 19

Male

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Widower

Number of children living

MARYLAND

Mother's

Maiden Name

How long sick

Accident, Suicide, Homicide



Name in Full

Certificate of Death

Name *Nora Cramer*
 Died at *Charpsburg* Town *Washington* County *MARYLAND*
 Date 19*02* Month *2* Day *27* Y. *26* M. *3* D. *26* Native of *Ind.* Occupation *—*
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *One*

Husband of *Charles R. Cramer*
 Wife *—*
 Father's Name *Franklin Swain* Mother's Maiden Name *Mary Brashears*

Cause of Death { Primary *Pulmonary Interembolism* Immediate *27*
 How long sick *27*
 Accident, Suicide, Homicide *—*

Reported by

G. M. Gannett

Address

Shepherd, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Eugene Warner
Undertaker.

Sarah Ellen Day

Town

County

Died at *Fredericktown Washington*

MARYLAND

Date 19	Month	Day	Age	Y.	M.	D.	Native of	Occupation
02	12	21	70	8	1		<i>Virginia</i>	<i>Housewife</i>
Male		White		Married		Widow		Divorced
Female		Colored		Single		Widower		Number of children living 5

Husband of *William Day*

Father's Name *Henry Ship* Mother's Maiden Name *Susan Weame*

Cause of	Primary	How long sick
Death	<i>Acute Brights Disease</i>	<i>4 days</i>
	<i>Paralysis + general exhaustion</i>	Accident, Suicide, Homicide

Reported by *Dr J D Weaver*

Address *Fredericktown May 1st*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Narrey Dayton

Town

County

Died at

Bellevue

Washington Co

MARYLAND

Date 1890

Month

Day

Y.

M.

Native of

Occupation

Feb

10

Age

22

Washington

Sabon

Male

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Dayton

Mother's

Name

Cause of

Primary

Burn

Death

Immediate

Burn

How long sick

16
Four weeks

~~Accident, Suicide, Homicide~~

Reported by

Address

Washington

C. B. Boyle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65506



Name in Full

Certificate of Death

Died at

Date 1902

Male

Female

White

Colored

Married

Single

Widow

Widower

Divorced

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

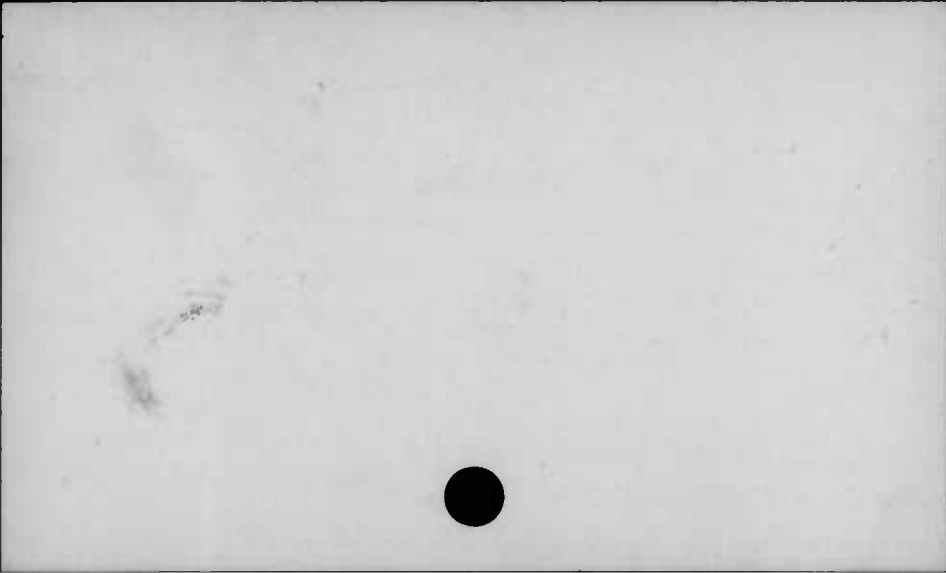
John B. K. Feherly
 Town Lydia County Washington MARYLAND
 Died at
 Date 1902 Feb 1 Y. 29 M. 6 D. 6 Native of Md Occupation R.R. Laborer
 Male White Married ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living None

Husband of Mary E. Edwards
 Father's Name George Feherly Mother's Name J. H.

Cause of Primary Acute Miliary How long sick 1 Month
 Death Immediate Tuberculosis ~~Accident, Suicide, Homicide~~

Reported by N. M. Ketchard, M.D.
 Address Fair Play Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Elizabeth Fenix

Town

County

Died at

MARYLAND

Date

1902

Feb. 26

Age

46

M.

D.

Native of

Occupation

Housewife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

3

Female

Colored

Single

Widower

Number of children living

~~Husband~~

of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Name

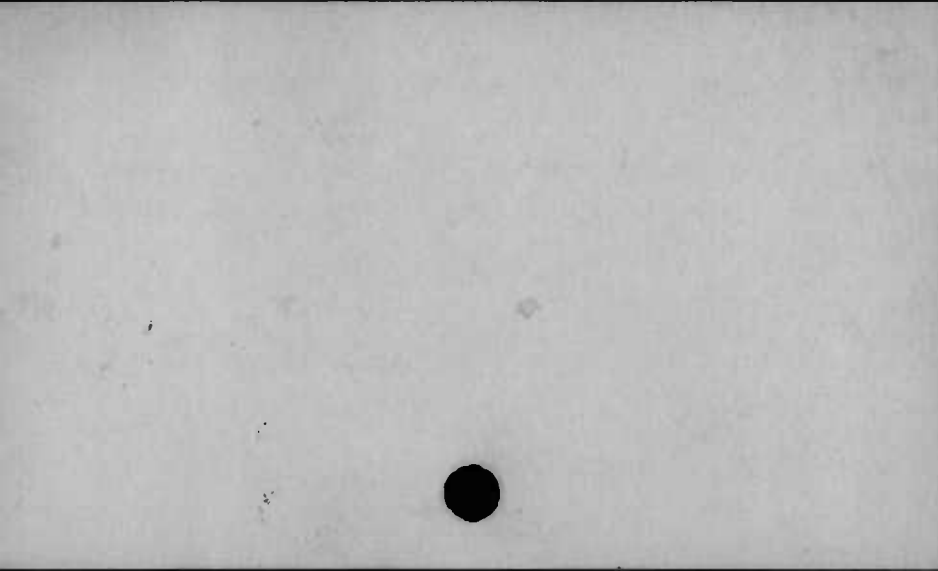
How long sick

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 6596R



Name in Full

Certificate of Death

Florence Garrison

85

Died at ^{Town} *Williamsport* ^{County} *Wash*

MARYLAND

Date 19 *02* ^{Month} *Feb* ^{Day} *22* ^{Y.} *0* ^{M.} *5* ^{D.} *5* ^{Native of} *Ind* ^{Occupation} *—*

^{Male} *Male* ^{White} *White* ^{Married} *Married* ^{Widow} *Widow* ^{Divorced} *Divorced*

^{Female} *Female* ^{Single} *Single* ^{Widower} *Widower* ^{Number of children living} *—*

Husband
of
Wife

Father's Name *Joseph Garrison* ^{Mother's Maiden Name} *Henrietta Arndtger.*

Cause of Death { ^{Primary} *Pneumonia* ^{How long sick} *Two weeks*

Death { ^{Immediate} *—* ^{Accident, Suicide, Homicide} *—*

Reported by *W. S. Richardson*Address *Williamsport Pa.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Edgar L. Grossnickle

Died at ^{Town} Mapleville ^{County} Washington MARYLAND

Date 1902 Month 2 Day 3 Y. 19 M. — D. — Native of Wash Co Occupation Farmer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Unmarried

Father's Name Los. Grossnickle Mother's Name 99

Cause of Death { Primary Lymphoid Pneumonia How long sick 7 Days

Death { Immediate Heart Failure ~~Accident, Suicide, Homicide~~

Reported by Dr. S. S. DavisAddress Bonabon Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____
of _____

Harman Hause

Town

County

MARYLAND

Died at

Keedysville

Washington

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

2

26

Age

88. - 4 - 22

Pa.

Plasterer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living

4

Husband
of

Wife

Father's
Name

Philip Hause

Mother's
Maiden Name

Sarah Ann Little

Cause of

Primary

Paralysis

Death

Immediate

Exhaustion

How long sick

1 Year

~~Accident, Suicide, Homicide~~

Reported by

H. M. Nihiser M.D.

Address

Keedysville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Elizabeth Ellen Hendricks

Town

County

Died at

Hagerstown

Washington

MARYLAND

Date

1902

Month

2.

Day

25

Y.

M.

D.

Age

80.6.8

Native of

Va.

Occupation

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

General Debility

How long sick

2 months

Death

Immediate

Heart-failure

Accident, Suicide, Homicide

Reported by

H. H. Den-M.D.

Address

Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000



Certificate of Death

Date _____

Wife

Father's

Name _____

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Occupation

How long sick

~~Accident, Suicide, Homicide~~

LIBRARY BUREAU 79898



Name in Full

Certificate of Death

George T Hudson

Town

County

Died at

near Middleburg Washington

MARYLAND

Date 1902

Month Day
Feb 15

Y. M. D.

Age

76

Native of

Penn

Occupation

Agent

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

4

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Miss Keely

Cause of

Primary

Death

Immediate

Paralysis

How long sick

12 Hours

Accident, Suicide, Homicide

Reported by

William Feltz

Address

Hagerstown

Paul Detrich Son

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Undertaker

LIBRARY BUREAU, 78898



Name in Full

Certificate of Death

Herbert Mc G. James
 Town Lanham County Washington

MARYLAND

Died at Lanham
 Date 1902 Feb 12 Y. 11 M. 27 D. mid Native of mid Occupation _____
 Male White Married Widow Divorced _____
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living _____

Husband of

Wife

Father's Name Fred. L. James Mother's Maiden Name May Groff

Cause of Death { Primary Whooping cough How long sick 3 weeks
 Immediate convulsions Accident, Suicide, Homicide _____

Reported by W. M. Reichard M. D.

Address Fair Play Washington Co

Must be signed by physician, if any in attendance, otherwise by undertaker or minister.



Name in Full

Certificate of Death

J. N. Johnston

Town

County

Died near Hagerstown

Washington

MARYLAND

Date 1902	Month 2	Day 13	Y. M. D.	Native of Md	Occupation Farmer
Male	White	Married	Widow	Divorced	
Female	Colored	Single	Widower	Number of children living	One

Husband of Gertrude Gordon

Father's Name Same Johnston

Mother's Maiden Name Mrs Same Johnston

Cause of Death	Primary	Typhoid Fever Cardiac Failure
	Immediate	

How long sick
12

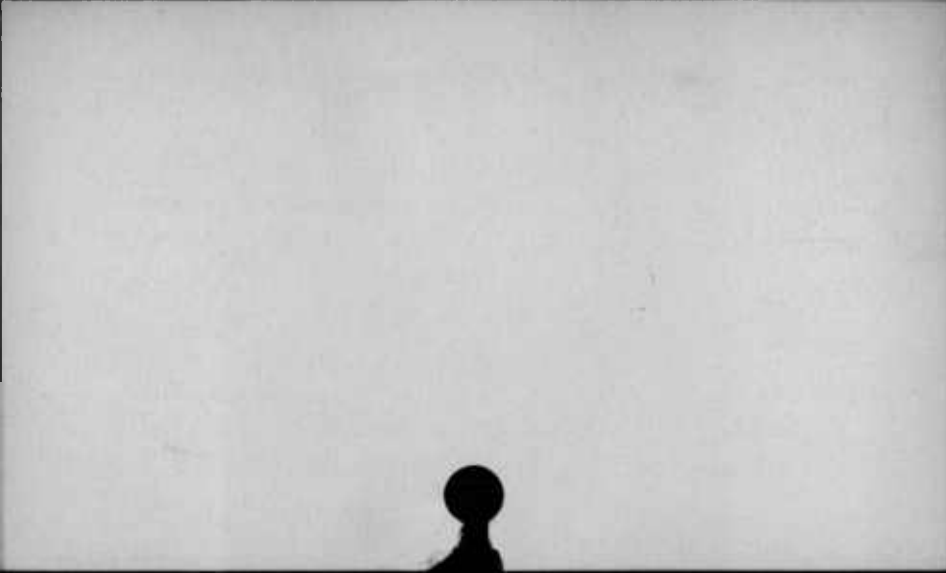
Accident, Suicide, Homicide

Reported by A. P. Shaffer

Address Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70398



Name in Full

Certificate of Death

Child of Jennie Keedy.

Town

County

Died at

Hagerstown

Washington

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02.

Feb 15

Age

- 3 -

Ind.

child.

Male
FemaleWhite
ColoredMarried
SingleWidow
WidowerDivorced
Number of children livingHusband
of

Wife

Father's

Name

Longo Haller

Maiden Name

Mother's

Jennie Keedy.

Cause of

Primary

Found dead in

How long sick

Death

Immediate

bed.

Accident, Suicide, Homicide

Reported by

C. M. Suter, Undertaker.

Address

Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Mrs Annie Keys

Town

County

Died at

Hagerstown

Washington MARYLAND

Date 19

02

Month

Day

2 25

Y.

M.

D.

Age

55 - -

Native of

Md

Occupation

Housewife

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

five

Husband

of

Wife

Father's

Name

Lenn Lewis

Mother's

Maiden Name

Amelia Jenkins

Cause of

Primary

Pulmonary Hemorrhage

How long sick

Death

Immediate

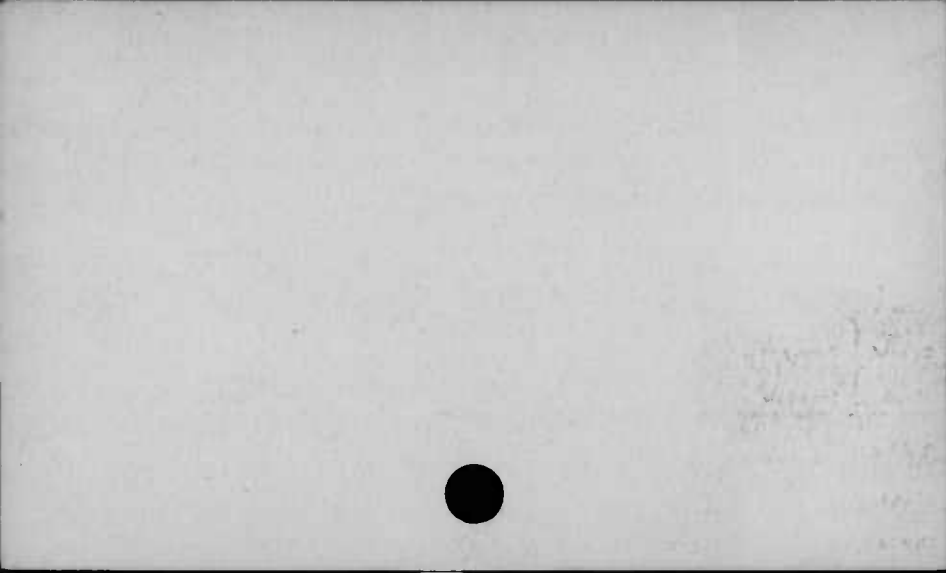
Accident, Suicide, Homicide

Reported by

E A Mancini

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ann Rebecca King

Town

County

Died at

MARYLAND

Hagerstown

Washington

Month

Day

Y.

M.

D.

Native of

Occupation

Date

189 1902 Feb. 16.

Age

74.

Maryland

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

Two

~~Husband~~

of

Samuel L. King

Wife

Father's

Name

Stewart Herbert

Mother's

Name

Rebecca Doyle

Cause of

Primary

Cirrhosis of Liver

How long sick

One year

Death

Immediate

General exhaustion

~~Accident, Suicide, Homicide~~

Reported by

A. S. Meason

Address

112

Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU FORM



Name In Full

Certificate of Death

Nancy Kline

Town Benevola County Wash. MARYLAND

Died at

Date 1962 Month Feb Day 11 Y. 80 M. - D. 6 Native of md Occupation H. Wife

~~Male~~ White ~~Marrried~~ Widow ~~Divorced~~

Female Colored Single Widower Number of children living 2

Husband of Geo Kline

Wife

Father's Name J. Zentmeyer Mother's Maiden Name [Signature]

Cause of Death { Primary ischemia Immediate Heart Failure How long sick Several yrs

Accident, Suicide, Homicide

Reported by Dr. S. S. Davis

Address Bonsboro md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lottie Knight (infant child)

Town

County

Died at

Dargan Washington State MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2

10

Age

-

-

18

Md

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband of

Widow

Father's

Name

Mother's

Maiden Name

Jno. C. Knight Helen Crampton

Cause of

Primary

Membranous Croup

How long sick

Death

Immediate

Supposed (No Physician)

~~Accident, Suicide, Homicide~~

Reported by

W. E. A. Knight

Address

Dargan

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70895



Name In Full

Certificate of Death

Miss Mary Lambert

Town

County

Died at Hagerstown

Washington MARYLAND

Date 1902 Month 2 Day 9 Age 27-10-7 Native of Md Occupation Teacher

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Geo P. Lambert

Mother's

Maiden Name

Ida Newcomer

Cause of Death { Primary Pulmonary tuberculosis

How long sick

about two years

Death { Immediate Respiratory & cardiac failure

~~Accident, Suicide, Homicide~~

Reported by

J. W. Hummichouse M.D.

Address

Hagerstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

John Franklin Lehman
 Town County
 Died at Hagerstown Washington MARYLAND
 Date 1902 Month 2 Day 4 Age 60-9-1 Native of Md Occupation Clerk
 Male White ~~Marrned~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 3

Husband of Jane E. Lehman
 Wife
 Father's Name Solomon Lehman Mother's Name Nellie Moran
 Cause of Death { Primary Paralysis - Immediate
 How long sick 24 hrs.
 Accident, Suicide, Homicide

Reported by L. R. Scheller
 Address Hagerstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Marcy E. Leightcap*

Town *Heagwistan* County *Washington* MARYLAND

Died at *Heagwistan* Month *2* Day *11th* Y. *4* M. *1* D. *1* Native of *Pa* Occupation *Recd*

Date 19*02* *2*, *11th* Age *64* — *Pa* *Recd*

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *2*

~~Husband~~ of *Stephen G. Leightcap* *74*

Wife *Thos. Wright* Mother's *Elizabeth Brown*

Name *Thos. Wright* Maiden Name *Elizabeth Brown*

Cause of { Primary *Acidemia* How long sick *2 years*

Death { Immediate *Exhaustion* ~~Accident, Suicide, Homicide~~

Reported by *A. W. Pagan MD*

Address *Heagwistan Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Miss Sarah Ann Elizabeth Pine

Died at ^{Town} Keokville^{County} Washington

MARYLAND

Date 1902 2 25 Age 55-56-26 Native of Md Occupation Domestic

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's

Name

Martin Pine

Mother's

Maiden Name

Sophia Thomas

Cause of

Primary

Chronic nerve Exhaustion

How long sick

20 years

Death

Immediate

Mania

~~Accident, Suicide, Homicide~~

Reported by

H. M. Hilser M.D.

Address

Keokville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Ella Long

Town

Downsville

County

Washington

MARYLAND

Died at

Date 1902

Month

2

Day

7

Y.

M.

D.

Age

46-11-6

Native of

Occupation

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

6

Husband

of

Wife

Father's

Name

Isaac Long

Mother's

Name

Esther Nickley

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide


Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full *Julia May Long*
 Town *Green Spring Turnace* County *WashCo -*
 Died at *Green Spring Turnace* MARYLAND
 Date 1902 February 17 Y. 4 M. 2 D. 11 Native of *Maryland* Occupation *—*
~~Male~~ White Married ~~Widow~~ Divorced
 Female Colored Single ~~Widower~~ Number of children living *—*
 Husband of *—*
 Wife *John D Long*
 Father's Name *John D Long* Mother's Maiden Name *Lucy Hart*
 Cause of Death { Primary Gun Shot wound
 Immediate Shot by Brother 160
 How long sick Six days
 Accident, Suicide, Homicide
 Reported by *John D Long*
 Address *Green Spring Turnace*  *W S Richardson MD*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Albertus Lee Longmacker

Town

County

Died at Chewsville Washington

MARYLAND

Date	19	Month	Day	Age	Y.	M.	D.	Native of	Occupation
1962	2	20	1	2				Md	
Male	White	Married	Widow	Divorced					
Female	Colored	Single	Widower	Number of children living					

Husband of

Wife

Father's Name	Lewis Longmacker	Mother's Maiden Name	May Snickemberger
---------------	------------------	----------------------	-------------------

Cause of

Primary

Bronchitis

How long sick

21 days

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Dr. John M. Steck

Address

Smithsburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

John P. McCalvey

83

Died at

Town Williamsport County Washington

MARYLAND

Date 1902 July 11 | Age 4 11 | Native of Ma | Occupation

Male White Married Widowed Divorced

Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name Jas M. Kelvey Mother's Maiden Name Annie Shields

Cause of Death { Primary Pneumonia

Immediate

How long sick

Accident, Suicide, Homicide

Reported by W. S. Richards

Address Williamsport

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Not named.

Town

County

Died at

Bonnabro

Washington

MARYLAND

Date

1902

Month

2

Day

3

Y.

M.

D.

-

-

1

Native of

Ind

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

James Maddern

Mother's

Name

Elizabeth Maddern

Cause of

Primary

Premature birth

How long sick

Death

Immediate

Accident / Suicide, Homicide

Reported by

E J Smith

Address

Bonnabro

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65069



Name in Full

Certificate of Death

Mollie Marshall

Town

County

Died at

Sharpsburg

Washington

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

2

2

Age

39

-

-

Md.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of
WifeFather's
Name

Mother's

Maiden Name

James Marshall

Cornelia Hennes

Cause of

Primary

Complication of non-contagious
disease.

How long sick

7 or years.

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

B. H. Hurlst Gardner -

Address

Sharpsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

8
Eugene Frazer
Undertaker

John S. Bass Miller
 Town County

Died *Lititzsburg* MARYLAND
 Date 1902 2 22 Y. M. D. Age 43-2-2 Native of Wash. Co. Occupation Housewife
 Female White Married Widower Number of children living 6

Wife of *John L. Miller*
 Father's Name *David Bass* Mother's Maiden Name *Barbara Kinding*
 Cause of Death Primary *Rhthucis Pulmonalis* How long sick 10 years.
 Immediate

Reported by *G. R. Gaver M.D.*
 Address *Lititzsburg Wash. Co. Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. ✓



Name in Full

Certificate of Death

Peter Siebert- Newcomer

Town

County

Died at

Barnhart

Washington Co -

MARYLAND

Date 1892

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1892

Feb 17

Age

73 - -

Maryland

Merchant -

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

4

Husband
of

Wife

Father's

Name

Henry Newcomer

Mother's

Name

A Newcomer

Cause of

Primary

How long sick

2 years -

Death

Immediate

Valvular Disease of Heart

Accident, Suicide, Homicide

Reported by

W. B. Wheeler and Son

Address

Barnhart

Washington Co Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75508

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name In Full

Certificate of Death

Charles W. Baberton

Town

County

Died at Hagerstown

Washington

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date July 6th

Age

26 - -

Md

Waiter

Male

~~Female~~~~Married~~~~Widow~~

Divorced

~~Female~~

Colored

Single

~~Widow~~

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Name

Maria Mason

Cause of Primary

Primary

Immediate

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Louise Kamberger

Town

County

Died at

MARYLAND

Date 19

02

Month

2

Day

17

Age

54

Y.

M.

D.

Native of

Germany

Occupation

R. W.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pneumonia contracted 6 or 8 yrs.

How long sick

Death

Immediate

Heart overwork

Accident, Suicide, Homicide

Reported by

Wm. B. Miller

Address

Hwy 1000

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Sallie Reily*
 Died at *Smithsburg* Town *Washington* County *MARYLAND* State
 Date 19*02* Month *2* Day *5* Age *37 11 = 15* Y. M. D. Native of *Id* Occupation *housewife*
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *one*
 Husband of *William H. Reily*
 Wife *G. D. Green* Mother's Name *Maiden Name*
 Cause of Death { Primary *Note known* Immediate *No Doctor* How long sick *3 days*
 Reported by *B. F. Young* Accident, Suicide, Homicide
 Address *Smithsburg*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Jaunett B. French

Town

County

MARYLAND

Died at Hogansville

wash

Date 1902	Month 2	Day 9	Age 30	Y. 1	M. 6	D. 2nd	Native of	Occupation Teacher
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower	Number of children living				

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

15 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898



Name In Full *Harvey Ridenour*
 Died at *Clearspring* *Washington* *MARYLAND*
 Date 1902 - 2 - 28 Age 36 - 28 Native of *md* Occupation *Laborer*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐ Number of children living _____
 Husband of *Alice B. Pollinbarger*
 Father's Name *David Ridenour* Mother's Name *B. A. Thompson*
 Cause of Death Primary *Chronic Tuberculosis* How long sick _____
 Death Immediate *Asthenia* *is* ~~Accident, Suicide, Homicide~~
 Reported by *Chas. T. Mason, M.D.*
 Address *Clearspring Maryland*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister



Name in Full

Certificate of Death

82

Died at

Date 1902

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Female

White

Colored

Married

Single

Widow

Widower

Divorced

Number of children living

David N. Rideman

Mother's

Maiden Name

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Shree Rouse

Williamsport,

Maryland.





Name in Full

Johnathane E. Ringer -

Certificate of Death

Died at ^{Town} *Stagers Iron* ^{County} *Wash.* MARYLAND

Date 19 *00* ^{Month} *2* ^{Day} *26* ^{Y.} *67* ^{M.} ^{D.} ^{Native of} *Henry Iowa* ^{Occupation} *Laborer*

^{Male} ^{White} ^{Married} ^{Widow} ^{Divorced}

^{Female} ^{Colored} ^{Single} ^{Widower} ^{Number of children living} *7*

Husband of *Adeline Ringer*

Wife

Father's Name *Elias Ringer* ^{Mother's} ^{Maiden Name} *Not known*

Cause of ^{Primary} *angina Pectoris (Neuralgia of Heart)* ^{How long sick}

Death ^{Immediate} ^{Accident, Suicide, Homicide}

Reported by *Victor Duillen*

Address *Stagers Iron*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Robert William Shaw

Lydia

Town

Washington

County

MARYLAND

Died at

Date 19

02 Feb 5

Month

Day

Age

Y.

M.

D.

Native of

Occupation

11

ma

Male

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~

Number of children living

Husband of

Wife

Father's

Name

Frisby T. Shaw

Mother's

Maiden Name

Aunie Jacobs

Cause of

Primary

Whooping cough

How long sick

3 weeks

Death

Immediate

Meningitis

~~Accident, Suicide, Homicide~~

Reported by

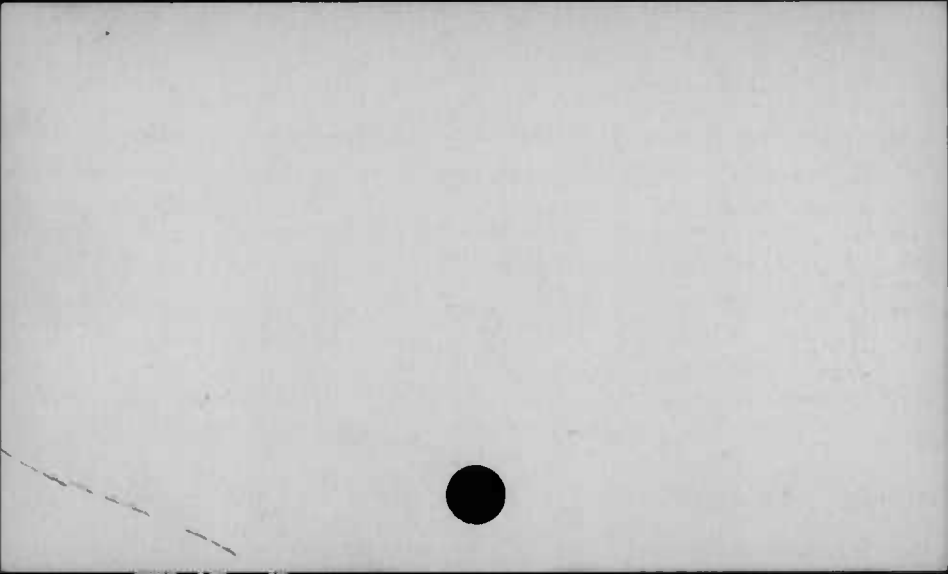
H. M. Reichard M. D.

Address

Fairplay Washington Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 28868



Name in Full

Certificate of Death

Mary Ellen Speikman

Town

County

MARYLAND

Died at

Charlton

Washington

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Feb. 2nd

Age 37-4-23

Ind

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

3

Husband of

Wife

Denton L. Speikman

Father's

Mother's

Name

Abraham Speikman

Maiden Name

Elizabeth White

Cause of

Primary

Tuberculosis & mixed cancer

How long sick

Years

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Dr. J. P. Erby

Address

Charlton

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Daniel Shumalter -

Town

Brassfield

County

Washington

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

July 27

Age

69 years

Farmer

Male

White

Married

M

M

M

M

M

M

Number of children living 5

Husband
of
WifeFather's
NameMother's
Name

31

Cause of

Primary

Lumbar Abscess

How long sick

Several months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Victor Miller M.D.

Address

Mason Hill, Pa.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

J. Detmold & Son
Green Coast

Name In Full

Certificate of Death

O'Kellar - Shindel
 Town County

Died at

Hagerstown Md

MARYLAND

Date 1902

Month Day

July 15

Age

Y. M. D.

60

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Alice Schindel

Father's

Name

Samuel Schindel

Mother's

Maiden Name

Anna Newcomer

Cause of

Primary

How long sick

Death

Immediate

apoplexy

Accident, Suicide, Homicide

Reported by

A.P. Shulpper

Address

Hagerstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Died at

Date 1902

Husband
of

Wife

Father's
NameMother's
Maiden Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

Colored~~Single~~~~Widower~~

Number of children living

MARYLAND

Husband
of

Wife

Father's
NameMother's
Maiden Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

Colored~~Single~~~~Widower~~

Number of children living

MARYLAND

Husband
of

Wife

Father's
NameMother's
Maiden Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Eugene Wacker
Undertaker

Name In Full

Certificate of Death

Died at

Date

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Male

White

~~Married~~~~Widow~~

Divorced

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79868

Attended by Dr. _____

of _____

Seen by Colonel _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full

Certificate of Death

Lillian Alice Stockslager

Town

County

Died at

Cheverville

Washington

MARYLAND

Date

1902

Month

2

Day

21

Age

37-8-23

Native of

Md

Occupation

housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 3

Husband

of

Wife

Father's

Name

Charles Stockslager

Mother's

Name

Mary Longmeyer

Cause of

Primary

Double pneumonia

How long sick

7 days

Death

Immediate

great Pyrexia with cardiac failure

Accident, Suicide, Homicide

Reported by

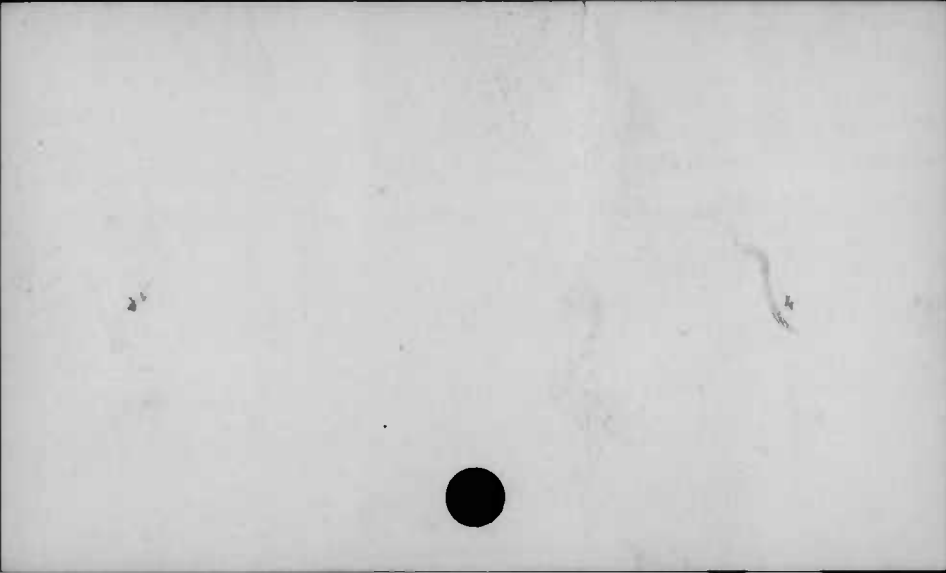
Address

Dr. John M. Steck

Smithsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79868



Name In Full

Certificate of Death

Name *Marie S. Stauffer*
 Town *Lydia* County *Washington* MARYLAND
 Died at
 Date 19 *02* Month *July* Day *20* Y. *7* M. *2* D. *5* Native of *Ma* Occupation
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ ~~Widow~~ ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name

Cause of

Primary

Immediate

How long sick

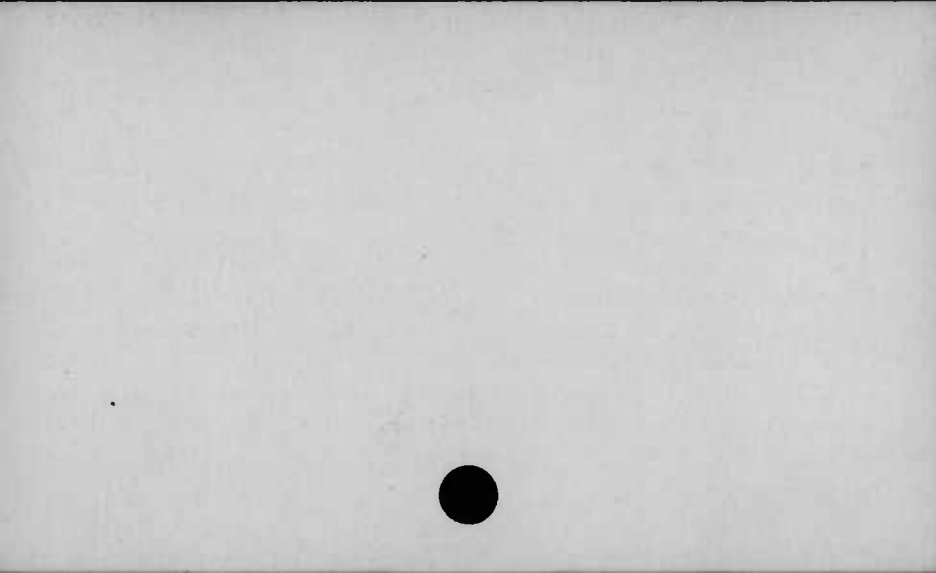
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78200



Name In Full

Certificate of Death

Henry Strock

Town

County

MARYLAND

Died at near State Line

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 - 2-23

Age 74 -

Farmer

Male

White

~~Married~~~~Widower~~

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Pneumonia.

How long sick

Death

Immediate

..

Accident, Suicide, Homicide

Reported by

Victor D. Miller

Address

Mason - Dixon, Pa.

Filed 1912

Must be signed by physician, if any in attendance, otherwise by coronar, undartaker or minister.

LIBRARY BUREAU, 79604

Zion Church

Laurella Claggett Stiles
 Town County

Died at *Seagoville* Month Day Y. M. D. *Washington* MARYLAND
 Occupation

Date 19*02* *Feb 25* Age *18* *MD* *Infant*
 Male ☒ White Married ☒ Widower ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of

Wife

Father's Name *Abraham C. Stiles* Mother's Name *Laurella Claggett*

Cause of Primary

Jaundice

How long sick

2 weeks

Death Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

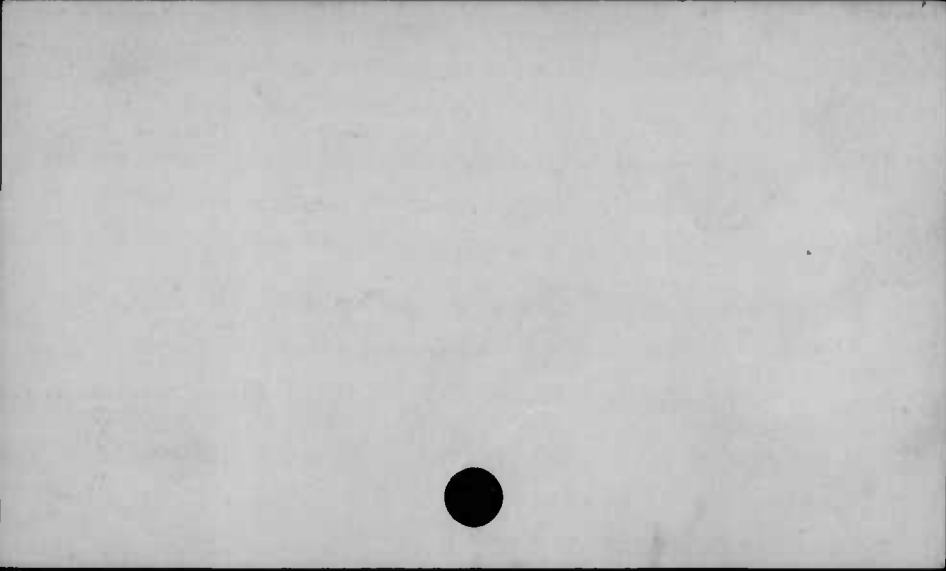
A. H. Cagare MD

Address

Seagoville

MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Susan Ellen Summers
 Town *Bessele* County *Washington* MARYLAND
 Died at
 Date 19 *02* *2* *7* Month Day
 Age *56.2* *4* Y. M. D.
 Native of *MD* Occupation *Housewife*
White Married *Widow* ~~Divorced~~
 Female ~~Male~~ ~~Single~~ ~~Widower~~ Number of children living *4*

~~Hubert~~ of *Isaac Summers*
 Wife
 Father's Name *Christine Stouffer* Mother's Name *Rosana Thomas*
 Cause of Death { Primary *Mitral Insufficiency* How long sick *18 months*
 Immediate *Exhaustion* ~~Accident, Suicide, Homicide~~

Reported by *Dr. W. V. Fagan* M.D.
 Address *Keaguetown* *MD*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



George Leroy Snottersly
 Town County
 Died at New Hope Wash MARYLAND

Date 1902 2 26 Age 18 1 4 Year Labor
 Month Day Y. M. D. Native of Occupation
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

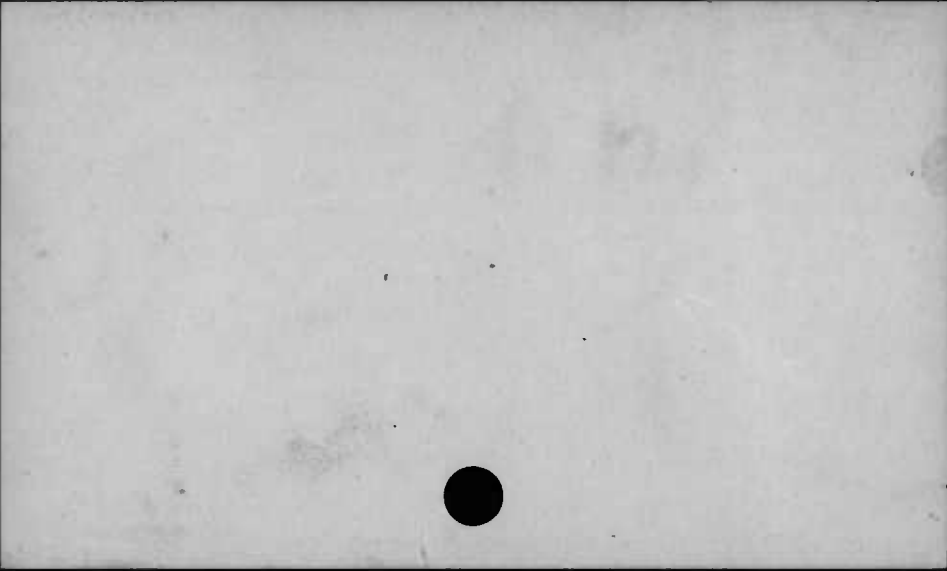
Father's Name George Snottersly Mother's Maiden Name Catherine Sweetland

Cause of Primary Drowned How long sick
 Death Immediate 172 Accident, Suicide, Homicide

Reported by Andrew A. Coffman an

Address Hazleton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at

Date 19

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

White

~~Married~~

Widow

Divorced

Female

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



84

Name in Full

Mary E. Teach

Town

County

Died at

Pineburg

Washington

MARYLAND

Date 1902

Month Day

2-19

Y. M. D.

Age 2-6-11

Native of

md.

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Jacob Teach

Mother's

Maiden Name

Emma Smith

Cause of

Primary

Scarlet Fever

How long sick

2 days

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Theo. B. Case

Address

Williamsport, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister



Mrs. Caroline Thomas
 Town County

Died at *Hagerstown* *Washington* MARYLAND

Date 1902 *2* *18* | Age *62* | Y. M. D. | Native of *Germany* | Occupation *Housewife*
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *one*

Husband of *H. C. Thomas*
 Wife

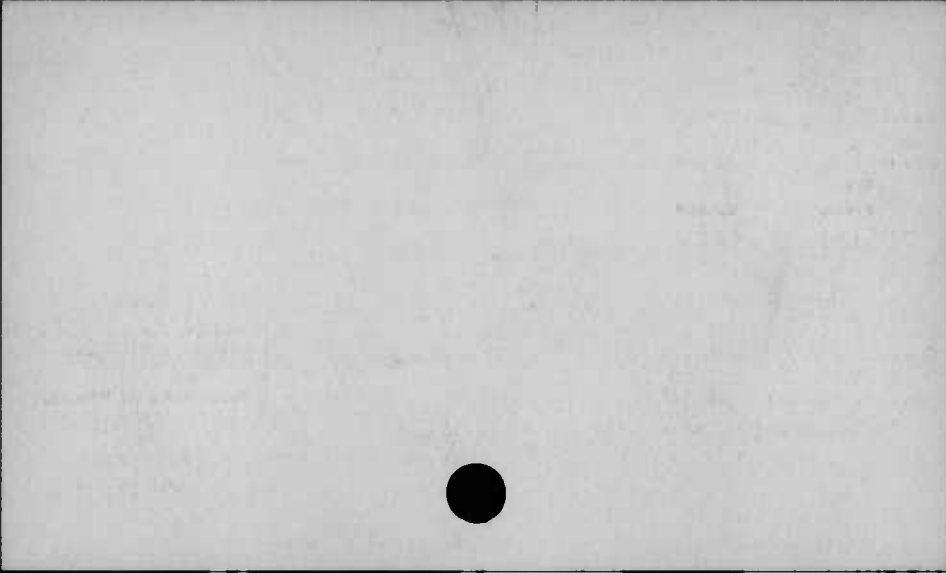
Father's Name *Samuel Swinger* Mother's Maiden Name *Fredrica Swinger*

Cause of Death { Primary *Carcinoma of the* How long sick *6 mo.*
 Immediate *40* Accident, Suicide, Homicide

Reported by *Wm. Preston Miller*

Address *Hagerstown Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Susan Talentine

Town

County

Died at

Cheverly Washington

MARYLAND

Date

1902 Feb 24

Age

80.2.2 Wash Co. Housewife

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

3

Husband

of

Samuel L. Talentine

Wife

Father's

Name

Philip Adams

Mother's

Maiden Name -

Susan Fockler

Cause of

Primary

La Grippe

Death

Immediate

Heart Exhaustion

How long sick

3 days

~~Accident, Suicide, Homicide~~

Reported by

Dr J. N. Newcomes.

Address

Punishment

Mary Cunliffe

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

George W Washington
 Town County

Died at *Hagerstown* *Wash* MARYLAND

Date 19 *02* Month *2* Day *2* Y. *2* M. *7* D. *18* Native of *Ind* Occupation *Child*
 Male ~~Female~~ ~~Single~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband
 of

Wife

Father's Name *George Washington* Mother's Name *Mrs. John Field*

Cause of Death { Primary *Heart Failure* Immediate *179* How long sick *1 mo*
 Accident, Suicide, Homicide

Reported by *A. K. Coffman* Undertaker
 Address *Hagerstown* *Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Annie Wastler

Town

County

Died at

Downtown

Washington

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Feb 17

Age

41

Penn

Housewife

~~Male~~~~White~~

Married

~~White~~~~Divorced~~

Female

~~White~~~~Married~~~~White~~

Number of children living

3

~~Husband~~ of

Wife

Father's

Name

Simon Wastler

1888

Mother's

Cause of

Primary

Puerperal Eclampsia

How long sick

2 1/2 days

Death

Immediate

Premia Coma

~~At home, Outside, Hospital~~

Reported by

W.M. Reichard M.D.

Address

Fair Play Washington Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 72228



Name in Full

Certificate of Death

Lester Clayton Weaver

Town

County

Died at *near* *Kecopville* *Washington*

MARYLAND

Date	Month	Day	Y.	M.	D.	Age	Native of	Occupation
1902	2	6	-	-	13		<i>Med</i>	
Male	White	Married		Widow	Divorced			
Female	Colored	Single		Widower	Number of children living			

Husband
of
Wife

Father's Name	Mother's Maiden Name
<i>H. C. Weaver</i>	<i>Cera Long</i>

Cause of Death	How long sick
Primary <i>Lagni ppe</i>	<i>24 hours</i>
Immediate <i>Acute Angerstin of fluerys</i>	Accident, Suicide, Homicide

Reported by *H. M. Fisher M.D.*Address *Kecopville Med*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Child of Julia Woods

Town

County

Died at August 1892

MARYLAND

Date 1902	Month	Day	Y.	M.	D.	Native of	Occupation
1902	2	21					
Male	White	Married				Widow	Divorced
Female	Colored	Single				Widower	Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Julia Woods

Cause of

Primary

Still Born

How long sick

Death

Immediate

Still Born

Accident, Suicide, Homicide

Reported by

Andrew K. Coffman

Address

Hugestown

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William Joshua Gost

Town

County

Died at Green Spring Washington

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1907

Feb 26

Age

6-6

Ind

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

William L. Gost

Mother's

Maiden Name

Ada Snyder

Cause of

Primary

Capillary Bronchitis

How long sick

Four days

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

Dr. J. P. Perry

Address

Clear Spring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

